

Fill in this information to identify your case:

Debtor 1	Karlton First Name	Avery Middle Name	Maydwell Last Name
Debtor 2 (Spouse, if filing)	DeShawn First Name	Nicole Middle Name	Maydwell Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS			
Case number (if known)	19-32994-SGJ-7		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim	Priority amount	Nonpriority amount
\$13,700.00	\$13,700.00	\$0.00

2.1 Attorney General of Texas

Priority Creditor's Name

CSD Region 9

Number Street

2001 Beach Street, Suit 700

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Fort Worth TX 76103

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 1: Your PRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
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2.2	\$3,800.00	\$3,800.00	\$0.00
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Internal Revenue Service

Priority Creditor's Name

Last 4 digits of account number

Department of the Treasury

When was the debt incurred?

Number Street
P.O. Box 7346

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Philadelphia PA 19101-7346

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Is the claim subject to offset?

No
 Yes

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

4.1	Baylor Med Ctr-Sunnyvale Nonpriority Creditor's Name c/o Creditors Bankruptcy Service Number Street P.O. Box 800849	\$868.42
<p>Last 4 digits of account number <u>4</u> <u>7</u> <u>1</u> <u>3</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
4.2 Baylor Med Ctr-Sunnyvale Nonpriority Creditor's Name c/o Creditors Bankruptcy Service Number Street P.O. Box 800849		\$52.66
<p>Last 4 digits of account number <u>9</u> <u>1</u> <u>9</u> <u>9</u></p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Medical Bill</p>		
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3	<p>Caine & Weiner Nonpriority Creditor's Name <u>12005 Ford Road</u> Number Street</p> <p>Dallas TX 75234 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>2 4 8 9</u> <u>02/15/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for Enterprise Rent a Car
		\$429.00

4.4	<p>Capital One Bank (USA), N.A. Nonpriority Creditor's Name <u>4515 N Santa Fe Ave</u> Number Street</p> <p>Oklahoma City OK 73118 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>2 3 3 2</u> <u>08/22/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Consumer Debt
		\$1,928.00

4.5	<p>CBE Group Nonpriority Creditor's Name <u>4140 Kimball Ave.</u> Number Street</p> <p>Waterloo IA 50701 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<u>3 7 4 9</u> <u>06/01/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collecting for Charter Communications
		\$1,146.00

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9 \$76,290.00

Federal Loan Servicing

Nonpriority Creditor's Name

P.O. Box 69184

Number Street

Last 4 digits of account number 0 0 0 8When was the debt incurred? 03/06/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Harrisburg PA 17106

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

\$847.00**First Premier Bank**

Nonpriority Creditor's Name

PO Box 5524

Number Street

Last 4 digits of account number 6 1 0 8When was the debt incurred? 11/18/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Sioux Falls SD 57117

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Consumer Debt**\$458.00****First Premier Bank**

Nonpriority Creditor's Name

PO Box 5524

Number Street

Last 4 digits of account number 0 0 7 8When was the debt incurred? 10/17/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Sioux Falls SD 57117

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Consumer Debt

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.12****\$832.00****Linebarger Goggan Blair & Sampson, LLP**

Nonpriority Creditor's Name

900 Arion Parkway, Suite 104

Number Street

Last 4 digits of account number 3 8 4 0

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

San Antonio TX 78216

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Consumer Debt

4.13**\$2,644.20****Linebarger Goggan Blair & Sampson, LLP**

Nonpriority Creditor's Name

900 Arion Parkway, Suite 104

Number Street

Last 4 digits of account number 3 3 0 2

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

San Antonio TX 78216

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Consumer Debt

4.14**\$221.00****LVNV Funding LLC its successors and assi**

Nonpriority Creditor's Name

c/o Resurgent Capital Services

Number Street

P.O. Box 10587Last 4 digits of account number 5 0 1 7When was the debt incurred? 04/28/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Greenville SC 29603-0587

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for Webbank Fingerhut

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.15****\$315.00****Midwest Recovery Systems**

Nonpriority Creditor's Name

PO Box 899

Number Street

Last 4 digits of account number 3 9 3 7When was the debt incurred? 03/28/2016

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Florissant MO 63032

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for Six Flags over Texas

4.16**\$742.00****National Credit Adjusters, LLC**

Nonpriority Creditor's Name

Attn: Bankruptcy Department

Number Street

P.O. Box 3023**Hutchinson, K.S. 67504**Last 4 digits of account number 8 7 0 6When was the debt incurred? 09/21/2017

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for Cash Store

4.17**\$0.00****Navy Federal Credit Union**

Nonpriority Creditor's Name

PO Box 3000

Number Street

Last 4 digits of account number When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

City State ZIP Code**Who incurred the debt?** Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Notice Only

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.18****\$49.00****Neighborhood Credit Union**

Nonpriority Creditor's Name

13651 Montfort Drive

Number Street

Last 4 digits of account number 0 0 3 2When was the debt incurred? 09/05/2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

City **TX** ZIP Code **75240**State **City** ZIP Code **75240**

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Consumer Debt**

4.19**\$296.31****One Advantage , LLC**

Nonpriority Creditor's Name

1232 W. State Rd 2

Number Street

Last 4 digits of account number 6 5 5 1

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

City **IN** ZIP Code **46350**State **City** ZIP Code **46350**

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collecting for Texas Health**

4.20**\$100.00****Pendrick Capital Partners, LLC**

Nonpriority Creditor's Name

c/o Peritus Portfolio Services II, LLC

Number Street

PO Box 141419Last 4 digits of account number 3 6 0 7

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

City **TX** ZIP Code **75014**State **City** ZIP Code **75014**

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical Bill**

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) **19-32994-SGJ-7****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**\$401.10****Phoenix Asset Group, LLC**

Nonpriority Creditor's Name
16526 W. 78th Street, Suite 353

Number Street

Last 4 digits of account number When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Eden Prairie MN 55317
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collecting for Cottonwood Financial**

4.22**\$0.00****Phoenix Financial Services, LLC**

Nonpriority Creditor's Name
PO Box 361450

Number Street

Last 4 digits of account number When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Indianapolis IN 46236
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collecting for Pendrick Capital Partners II**

4.23**\$151.00****Phoenix Recovery Group**

Nonpriority Creditor's Name
1045 Cheever Blvd.

Number Street
Suite 204Last 4 digits of account number **3 8 3 1**When was the debt incurred? **01/22/2015**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

San Antonio TX 78217
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collecting for Sunset Point**

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) **19-32994-SGJ-7****Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.24 **\$3,840.00**

Professional Debt Mediation, Inc.
 Nonpriority Creditor's Name
7948 Baymeadows Way
 Number Street
2nd Floor

Jacksonville **FL** **32256**
 City State ZIP Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **0 1 7 5**

When was the debt incurred? **12/05/2016**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Collecting for Brookside Apts

4.25 **\$85.00**

Radiology Partners Dallas
 Nonpriority Creditor's Name
P.O. Box 205214
 Number Street

Dallas **TX** **75320**
 City State ZIP Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **5 6 2 1**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

4.26 **\$1,584.00**

Ray Hubbard Emergency Physicians, PLLC
 Nonpriority Creditor's Name
13737 Noel Road, Ste. 1600
 Number Street

Dallas **TX** **75240-1311**
 City State ZIP Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **4 7 1 3**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.27****\$1,250.00****Resource One Credit Union**

Nonpriority Creditor's Name

P.O. Box 660077

Number Street

Last 4 digits of account number When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Dallas TX 75266-0077

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Consumer Debt**

4.28**\$332.37****Southwest Credit Systems**

Nonpriority Creditor's Name

4120 International Parkway

Number Street

Ste 1100Last 4 digits of account number 0 8 4 3When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Carrollton TX 75007

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collecting for Time Warner Cable**

4.29**\$108.14****TrueGreen #5420**

Nonpriority Creditor's Name

4908 Olson

Number Street

Last 4 digits of account number 1 5 9 6When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Dallas TX 75227

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Consumer Debt**

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim**4.30****\$6,721.00****US Department of Education**

Nonpriority Creditor's Name

Claims Filing Unit

Number Street

PO Box 8973**Madison WI 53708-8973**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4 4 9 5When was the debt incurred? 02/05/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

4.31**\$5,024.00****US Department of Education**

Nonpriority Creditor's Name

Claims Filing Unit

Number Street

PO Box 8973**Madison WI 53708-8973**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 2 0 6 0When was the debt incurred? 02/05/2015

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

4.32**\$586.76****UT Southwestern Medical Center**

Nonpriority Creditor's Name

Account Resolutions Dept

Number Street

PO Box 848009**Dallas TX 75284-8009**

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 8 6 4 0When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify
Medical Bill

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) **19-32994-SGJ-7****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

AT&T Mobility II, LLC

Name
One AT&T Way
 Number Street
Room 3a104

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Bedminster **NJ** **07921**
 City State ZIP Code

Last 4 digits of account number _____

Baylor Scott & White Medical Center

Name
3500 Gaston Ave.
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Dallas **TX** **75246**
 City State ZIP Code

Last 4 digits of account number _____

Brookside Apts

Name
2505 Thomason Circle
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Arlington **TX** **76006**
 City State ZIP Code

Last 4 digits of account number _____

Charter Communications, Inc.

Name
400 Atlantic Street
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Stamford **CT** **06901**
 City State ZIP Code

Last 4 digits of account number _____

Charter Communications, Inc.

Name
400 Atlantic Street
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Stamford **CT** **06901**
 City State ZIP Code

Last 4 digits of account number _____

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Chase Bank**

Name
P.O. Box 15368
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Wilmington DE **19850**
 City State ZIP Code

Last 4 digits of account number _____

City of Arlington

Name
Mail Stop 63-0100
 Number Street
P.O. Box 90403

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Arlington TX **76004**
 City State ZIP Code

Last 4 digits of account number _____

Clay Cooley Motor Company

Name
1251 E. Airport Freeway
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Irving TX **75062**
 City State ZIP Code

Last 4 digits of account number 2 7 7 9**Cottonwood Financial Texas, LLC**

Name
a/k/a The Cash Store
 Number Street
1901 Gateway Drive

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Suite 200

Irving TX **75038**
 City State ZIP Code

Last 4 digits of account number _____

Debt Recovery Solutions LLC

Name
900 Merchants Concourse
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Syosset NY **11791**
 City State ZIP Code

Last 4 digits of account number _____

Enterprise Rent A Car

Name
4600 McAuley PI
 Number Street
Suite 510

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Montgomery OH **45242**
 City State ZIP Code

Last 4 digits of account number _____

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****McLennan County JP Pct 3**

Name **Hon. David W. Pareya**
 Number Street **P.O. Box 495**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

West TX **76691**
 City State ZIP Code

Last 4 digits of account number _____

Mesquite Water

Name **P.O. Box 850287**
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Mesquite TX **75185**
 City State ZIP Code

Last 4 digits of account number _____

Pendrick Capital Partners, LLC

Name **c/o Peritus Portfolio Services II, LLC**
 Number Street **PO Box 141419**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Irving TX **75014**
 City State ZIP Code

Last 4 digits of account number _____

Six Flags Over Texas

Name **Steve Martindale, Park President**
 Number Street **2201 Road to Six Flags**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Arlington TX **76010**
 City State ZIP Code

Last 4 digits of account number _____

Starla Wiley

Name **2115 Kingston**
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Bullhead City AZ **86442**
 City State ZIP Code

Last 4 digits of account number _____

T Mobile/T-Mobile USA Inc

Name **by American InfoSource LP as agent**
 Number Street **PO Box 248848**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Oklahoma City OK **73124-8848**
 City State ZIP Code

Last 4 digits of account number _____

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****Texas Health Resources**

Name
500 E Border St # 122
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Arlington TX **76010**
 City State ZIP Code

Last 4 digits of account number — — — —

Texas Health Resources

Name
500 E Border St # 122
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Arlington TX **76010**
 City State ZIP Code

Last 4 digits of account number — — — —

Texas Health Resources

Name
500 E Border St # 122
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Arlington TX **76010**
 City State ZIP Code

Last 4 digits of account number — — — —

Time Warner Cable

Name
One Time Warner Center
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

New York NY **10019-8016**
 City State ZIP Code

Last 4 digits of account number — — — —

Transworld Systems

Name
PO Box 17221
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Wilmington DE **19850**
 City State ZIP Code

Last 4 digits of account number — — — —

Transworld Systems Inc.

Name
2135 E. Primrose, Suite Q
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Springfield MO **65804**
 City State ZIP Code

Last 4 digits of account number — — — —

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 3: List Others to Be Notified About a Debt That You Already Listed -- Continuation Page****TXU Energy**

Name
c/o Bankruptcy Department
 Number Street
PO Box 650393

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Dallas TX **75265**
 City State ZIP Code

Last 4 digits of account number _____

Webbank (Fingerhut)

Name
P.O. Box 1250
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Saint Cloud MN **56395**
 City State ZIP Code

Last 4 digits of account number _____

Wells Fargo Card Services

Name
PO Box 10438; MAC F8235-02F
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line _____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
Consumer Debt Part 2: Creditors with Nonpriority Unsecured Claims

Des Moines IA **50306-0438**
 City State ZIP Code

Last 4 digits of account number _____

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. <u>\$13,700.00</u>
6b. Taxes and certain other debts you owe the government	6b. <u>\$3,800.00</u>
6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
6e. Total. Add lines 6a through 6d.	6e. <u>\$17,500.00</u>

	Total claim
Total claims from Part 2	
6f. Student loans	6f. <u>\$88,035.00</u>
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$20,007.96</u>
6j. Total. Add lines 6f through 6i.	6j. <u>\$108,042.96</u>

Fill in this information to identify your case:

Debtor 1	Karlton First Name	Avery Middle Name	Maydwell Last Name
Debtor 2 (Spouse, if filing)	DeShawn First Name	Nicole Middle Name	Maydwell Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS			
Case number (if known)	19-32994-SGJ-7		

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B.....	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$10,849.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$10,849.00

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$0.00
-------------------------------------------------------------------------------------------------------------------------	---------------

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$17,500.00
-----------------------------------------------------------------------------------------------------	--------------------

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	+ \$108,042.96
--------------------------------------------------------------------------------------------------------	-----------------------

Your total liabilities

\$125,542.96

Part 3: Summarize Your Income and Expenses4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I.....	\$4,165.20
-------------------------------------------------------------------	-------------------

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....	\$4,129.00
-------------------------------------------------------------	-------------------

Debtor 1 **Karlton Avery Maydwell**
 Debtor 2 **DeShawn Nicole Maydwell**

Case number (if known) 19-32994-SGJ-7

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
 Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$5,331.13

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	\$13,700.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$3,800.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$88,035.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g. Total. Add lines 9a through 9f.	\$105,535.00

Fill in this information to identify your case:

Debtor 1	Karlton First Name	Avery Middle Name	Maydwell Last Name
Debtor 2 (Spouse, if filing)	DeShawn First Name	Nicole Middle Name	Maydwell Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS			
Case number (if known)	19-32994-SGJ-7		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Karlton Avery Maydwell
Karlton Avery Maydwell, Debtor 1

Date **10/08/2019**
MM / DD / YYYY

X /s/ DeShawn Nicole Maydwell
DeShawn Nicole Maydwell, Debtor 2

Date **10/08/2019**
MM / DD / YYYY